

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NEW REPUBLICAN.ORG

ADDRESS (number and street) ▼

815 SLATERS LANE

☐ Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00544544

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on  /  /  in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gentry Collins

Signature of Treasurer

Gentry Collins

[Electronically Filed]

Date

 /  / 

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NEW REPUBLICAN.ORG

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
05		01		2014

To:

M M	/	D D	/	Y Y Y Y
05		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div>		<div><div></div><div>12269.00</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>154867.91</div></div>	
(c) Total Receipts (from Line 19) .....	<div><div></div><div>301308.00</div></div>	<div><div></div><div>1088599.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>456175.91</div></div>	<div><div></div><div>1100868.00</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>262651.70</div></div>	<div><div></div><div>907343.79</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div><div></div><div>193524.21</div></div>	<div><div></div><div>193524.21</div></div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NEW REPUBLICAN.ORG

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
05 / 01 / 2014

To:

M M / D D / Y Y Y Y Y  
05 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

301250.00

1088250.00

(ii) Unitemized .....

58.00

349.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

301308.00

1088599.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

301308.00

1088599.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

301308.00

1088599.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

301308.00

1088599.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	248633.53	507078.01
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	14018.17	400265.78
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	262651.70	907343.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	262651.70	907343.79

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	301308.00	1088599.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	301308.00	1088599.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NEW REPUBLICAN.ORG**

Full Name (Last, First, Middle Initial)

## **A. Peter Archie**

Mailing Address 0841 SW Gaines Street  
Unit 109

City State Zip Code  
Portland OR 97239

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Perkins Coie LLP

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 05 / 2014

Transaction ID : SA11AI.4352

Amount of Each Receipt this Period

250.00

Donation

Full Name (Last, First, Middle Initial)

## **B. Eric Javits**

Mailing Address 150 Bradley Place  
# 407

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Diplomat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 22 / 2014

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period

1000.00

Donation

Full Name (Last, First, Middle Initial)

## **C. John Jordan**

Mailing Address 1474 Alexander Valley Dr

City State Zip Code  
Healdsburg CA 95448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jordan Winery

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585000.00

Date of Receipt

MM / DD / YYYY  
05 / 05 / 2014

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period

300000.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

301250.00

301250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW REPUBLICAN.ORG**

Full Name (Last, First, Middle Initial)

**A. Debby LeHardy & Company**

Mailing Address 2440 N Edgewood Street

City	State	Zip Code
Arlington	VA	22207

Purpose of Disbursement  
Reimburse Travel

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

**Transaction ID : SB29.4337**

Amount of Each Disbursement this Period

534.88
--------

Full Name (Last, First, Middle Initial)

**B. Global Printing**

Mailing Address 3670 Wheeler Ave

City	State	Zip Code
Alexandria	VA	22304

Purpose of Disbursement  
Printing of Edition III Additional Copies

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

**Transaction ID : SB29.4345**

Amount of Each Disbursement this Period

2457.08
---------

Full Name (Last, First, Middle Initial)

**C. New Republican, LLC**

Mailing Address 815 Slaters Lane

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Consulting and Travel

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

**Transaction ID : SB29.4343**

Amount of Each Disbursement this Period

3753.87
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6745.83

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**NEW REPUBLICAN.ORG**

Full Name (Last, First, Middle Initial)

**A. Patton Boggs LLP**

Mailing Address 2550 M Street NW

City  
WashingtonState  
DCZip Code  
20037Purpose of Disbursement  
April Legal Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2014

**Transaction ID : SB29.4341**

Amount of Each Disbursement this Period

7073.75
---------

Full Name (Last, First, Middle Initial)

**B. Verizon**

Mailing Address PO Box 660720

City  
DallasState  
TXZip Code  
75266-0720Purpose of Disbursement  
May Phone Bill

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

**Transaction ID : SB29.4335**

Amount of Each Disbursement this Period

159.45
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7233.20
---------

13979.03
----------



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 OF 13

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

NEW REPUBLICAN.ORG

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Debby LeHardy &amp; Company

Nature of Debt (Purpose):

Travel Reimbursement - Palm Beach

Mailing Address 2440 N Edgewood Street

City State

Zip Code

Arlington

VA

22207

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4334

Amount Incurred This Period

534.88

Payment This Period

534.88

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Global Printing

Nature of Debt (Purpose):

Printing - Edition III Additional Copies

Mailing Address 3670 Wheeler Ave

City State

Zip Code

Alexandria

VA

22304

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4344

Amount Incurred This Period

2457.08

Payment This Period

2457.08

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

IMGE LLC

Nature of Debt (Purpose):

Digital Media Buy - Wehby for Senate

Mailing Address 603 King Street

4th Floor

City

State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4303

Amount Incurred This Period

60000.00

Payment This Period

60000.00

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 10 OF 13

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

NEW REPUBLICAN.ORG

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

New Republican, LLC

Nature of Debt (Purpose):

Oregon Media Buy - Wehby for Senate  
05/05/14-05/11/14

Mailing Address 815 Slaters Lane

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4302

Amount Incurred This Period

172633.53

Payment This Period

172633.53

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

New Republican, LLC

Nature of Debt (Purpose):

Consulting and Travel

Mailing Address 815 Slaters Lane

City State

Zip Code

Alexandria

VA

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4342

Amount Incurred This Period

3753.87

Payment This Period

3753.87

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Patton Boggs LLP

Nature of Debt (Purpose):

April Legal Fees

Mailing Address 2550 M Street NW

City

State

Zip Code

Washington

DC

20037

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4340

Amount Incurred This Period

7073.75

Payment This Period

7073.75

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 13

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

NEW REPUBLICAN.ORG

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Public Opinion Strategies, LLC

Nature of Debt (Purpose):

Poll conducted May 12-13, 2014 Oregon

Mailing Address 214 North Fayette Street

City State

Alexandria

Zip Code

VA

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4331

Amount Incurred This Period

16000.00

Payment This Period

16000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Stripe.com

Nature of Debt (Purpose):

Online Donation Fees for Service

Mailing Address 3180 18th Street

City State

San Francisco

Zip Code

CA

94110

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4350

Amount Incurred This Period

39.14

Payment This Period

39.14

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Verizon

Nature of Debt (Purpose):

May Phone Bill

Mailing Address PO Box 660720

City

Dallas

State

TX

Zip Code

75266-0720

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4333

Amount Incurred This Period

159.45

Payment This Period

159.45

Outstanding Balance at Close of This Period

0.00

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

0.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

0.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 13  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW REPUBLICAN.ORG</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00544544</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee <b>IMGE LLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 603 King Street 4th Floor			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 60000.00		
City Alexandria		State VA	Zip Code 22314		<b>Transaction ID : SE.4305</b>
Purpose of Expenditure Digital Media Buy		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate MONICA WEHBY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 318444.48			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>New Republican, LLC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 815 Slaters Lane			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 172633.53		
City Alexandria		State VA	Zip Code 22314		<b>Transaction ID : SE.4304</b>
Purpose of Expenditure Media Buy - Wehby for Senate 05/05/14-05/11/14		Category/ Type <div style="display: inline-block; border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate MONICA WEHBY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 491078.01			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 232633.53		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Gentry Collins</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 10 / 2014		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 13 OF 13  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NEW REPUBLICAN.ORG</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00544544		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>Public Opinion Strategies, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 15 / 2014</b>		
Mailing Address <b>214 North Fayette Street</b>			Amount <b>16000.00</b>		
City <b>Alexandria</b>		State <b>VA</b>	Zip Code <b>22314</b>		
Purpose of Expenditure <b>Polling Oregon May 12-13, 2014</b>		Category/Type		Transaction ID : <b>SE.4336</b> Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 14 / 2014</b>	
Name of Federal Candidate <b>MONICA WEHBY</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>OR</b>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<b>507078.01</b>		

  

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code		
Purpose of Expenditure		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: _____			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought					

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>16000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>248633.53</b>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gentry Collins*

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 10 / 2014**